## Case 16-40766 Doc 1 Filed 12/30/16 Entered 12/30/16 12:55:39 Desc Main Document Page 1 of 53

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Erick First name  W.  Middle name	First name  Middle name	
	Bring your picture identification to your meeting with the trustee.	Burch Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years	ve		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-7283		

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Case number (if known)

Debtor 1 Erick W. Burch

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.	
	Include trade names and doing business as names	Business name(s)	Business name(s)	
		EINs	EINs	
5.	Where you live		If Debtor 2 lives at a different address:	
		10614 Margaret Avenue Huntley, IL 60142-6953		
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code	
		Kane County	County	
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.	
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code	
6.	Why you are choosing this district to file for	Check one:	Check one:	
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	

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Case number (if known) Debtor 1 Erick W. Burch

ar	Tell the Court About	Your E	Bankruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7						
	choosing to file under							
			Chapter 11					
			Chapter 12					
			Chapter 13					
3.	How you will pay the fee	•	about how yo	u may pay. Typ attorney is sub	pically, if you are paying	the fee yourself, you	lerk's office in your local coumay pay with cash, cashier' orney may pay with a credit	s check, or money
			I need to pay	the fee in ins	tallments. If you choos ts (Official Form 103A).	e this option, sign and	attach the Application for II	ndividuals to Pay
			I request that but is not req applies to you	t my fee be wa uired to, waive y ur family size ar	aived (You may request your fee, and may do so nd you are unable to pa	o only if your income is by the fee in installmen	are filing for Chapter 7. By s less than 150% of the offic ts). If you choose this option (3B) and file it with your peti	cial poverty line that n, you must fill out
<b>)</b> .	Have you filed for bankruptcy within the	■ N	0.					
	last 8 years?	☐ Ye	es.					
			District		When		Case number	
			District		When		Case number	
			District		When		Case number	
10.	Are any bankruptcy cases pending or being	■ N	0					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Ye	es.					
			Debtor				Relationship to you	
			District		When		_ Case number, if known	
			Debtor				_ Relationship to you	
			District		When		_ Case number, if known	
11.	Do you rent your residence?	■ N	o. Go to I	ne 12.				
		□ Ye	es. Has yo	ur landlord obta	ained an eviction judgm	nent against you and d	o you want to stay in your re	esidence?
				No. Go to line	12.			
				Yes. Fill out <i>In</i> bankruptcy pe		n Eviction Judgment A	<i>gainst You</i> (Form 101A) an	d file it with this

		Document	Page 4 01 53	
Debtor 1	Erick W. Burch		Case number (if known)	

Par	Report About Any Bu	sinesses '	You Own as a Sole Proprie	etor			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.				
		☐ Yes.	Name and location of bu	siness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, Sta	ate & ZIP Code			
	it to this petition.		Check the appropriate b	ox to describe your business:			
			☐ Health Care Bus	iness (as defined in 11 U.S.C. § 101(27A))			
			☐ Single Asset Rea	al Estate (as defined in 11 U.S.C. § 101(51B))			
			☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))			
			☐ Commodity Brok	er (as defined in 11 U.S.C. § 101(6))			
			☐ None of the above	ve			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate s. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of his, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure s.C. 1116(1)(B).				
	For a definition of small	■ No.	I am not filing under Cha	pter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy			
		☐ Yes.	I am filing under Chapter	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	t 4: Report if You Own or	Have Any	Hazardous Property or A	ny Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.					
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is the hazard?				
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	Number, Street, City, State & Zip Code			

Debtor 1 Erick W. Burch Document Page 5 of 53 Case number (if known)

Part 5: Exp

### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 53 Case number (if known) Debtor 1 Erick W. Burch Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to **□** \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Erick W. Burch Signature of Debtor 2 Erick W. Burch

Voluntary Petition for Individuals Filing for Bankruptcy

Executed on

MM / DD / YYYY

Signature of Debtor 1

Executed on December 30, 2016

MM / DD / YYYY

Debtor 1 Erick W. Burch Document Page 7 of 53 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Joseph P. Doyle	Date	December 30, 2016	
Signature of Attorney for Debtor		MM / DD / YYYY	
Joseph P. Doyle			
Law Office of Joseph P. Doyle LLC			
105 S. Roselle Road, Suite 203 Schaumburg, IL 60193			
Number, Street, City, State & ZIP Code			
Contact phone <b>847-985-1100</b>	Email address	joe@fightbills.com	
6277393			
Bar number & State			

		DOCUM	<u>ani Pade 8 0153 -                                   </u>	
Fill in this infor	mation to identify your	case:		
Debtor 1	Erick W. Burch			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				
				-

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	217,500.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	60,925.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	278,425.00
Par	t 2: Summarize Your Liabilities		
			abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	225,896.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	1,500.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	15,370.91
	Your total liabilities	\$	242,766.91
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,197.06
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	6,191.08
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other scl	hedules.
7.	■ Yes What kind of debt do you have?		

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.

8,913.73 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,500.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	1,500.00

	Ca	ase 16-4076	6 Doc 1 I		12/30/16 ument	Entered 12/30/1	L6 12:55	:39 De	sc N	Main
Fill	in this infor	mation to identify	your case and th	is filing	:					
Deb	otor 1	Erick W. Bu	rch							
		First Name		Name		Last Name				
	otor 2		NO.111			I (N				
(Spoi	use, if filing)	First Name	Middle	Name		Last Name				
Unit	ted States Ba	ankruptcy Court for	the: NORTHER	N DISTI	RICT OF ILLIN	IOIS				
Cas	se number _					-				Check if this is an amended filing
SC n ea hink nfor	chedul	Be as complete and re space is needed,	roperty escribe items. List a	e. If two	married people	n asset fits in more than one are filing together, both are top of any additional pages	equally resp	onsible for su	pplyi	ng correct
	o you own or	have any legal or eq				n or Have an Interest In				
1.1				What	is the property	? Check all that apply				
		rgaret Avenue			Single-family h	ome				or exemptions. Put
	Street address	Street address, if available, or other description		Duplex or multi-unit building Condominium or cooperative		<del>-</del>	the amount of any secured claims on Sch Creditors Who Have Claims Secured by I			
	Huntley	IL State	60142-6953 ZIP Code		Manufactured of Land Investment pro	or mobile home	Current va entire pro \$2°			rrent value of the tion you own? \$217,500.00
				Uho	Timeshare Other has an interest Debtor 1 only	in the property? Check one	(such as f	ee simple, ten e), if known.		wnership interest by the entireties, or
	Kane				Debtor 2 only					
	County				-	Debtor 2 only				
					At least one of	the debtors and another		k if this is com structions)	muni	ty property
					information yo	ou wish to add about this ite on number:	m, such as lo	ocal		
				the I	nome to be v	sed home on 05/14/20 worth around \$215,00 in from as low as \$20	0.00 to \$22	20,000.00 -	On-L	_ine

 Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$217,500.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Case number (if known) Document Debtor 1 Erick W. Burch 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put Chevrolet Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Impala** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2014 Year: Debtor 2 only Current value of the Current value of the 57000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Current/Surrender- Full \$16,275.00 \$16,275.00 **Coverage Auto Insurance** ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Mitsubishi Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: Endeavor Creditors Who Have Claims Secured by Property. Debtor 1 only Model: 2006 Year: Debtor 2 only Current value of the Current value of the 226,000 Approximate mileage: ☐ Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another - Paid In Full - Full Coverage \$1,825.00 \$1,825.00 **Auto Insurance** ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$18,100.00 Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Π Nο Yes. Describe..... \$600.00 Miscellaneous used household goods and furnishings 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No

Yes. Describe.....

TVs and computers

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

□ No

Yes. Describe.....

\$400.00

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		Books, Pictures, and CD's		\$100.00
9.	Equipment for sports an Examples: Sports, photog musical instru	raphic, exercise, and other hobby equipment; bicycles, poo	l tables, golf clubs, skis; c	anoes and kayaks; carpentry tools;
	☐ Yes. Describe			
10.	Firearms  Examples: Pistols, rifles  ■ No	shotguns, ammunition, and related equipment		
	Yes. Describe			
	□ No	thes, furs, leather coats, designer wear, shoes, accessories		
	Yes. Describe			
		Wearing Apparel		\$950.00
12.	Jewelry Examples: Everyday jev □ No ■ Yes. Describe	elry, costume jewelry, engagement rings, wedding rings, he	eirloom jewelry, watches, ç	gems, gold, silver
		Miscellaneous Costume Jewelry		\$375.00
14.	■ No □ Yes. Describe  Any other personal and ■ No □ Yes. Give specific info	household items you did not already list, including any	/ health aids you did not	list
15		f all of your entries from Part 3, including any entries fo umber here		\$2,425.00
	rt 4: Describe Your Finance	ial Assets gal or equitable interest in any of the following?		Current value of the
	you own or have any to	gai or equitable interest in any or the following:		portion you own? Do not deduct secured claims or exemptions.
	■ No	ave in your wallet, in your home, in a safe deposit box, and	on hand when you file you	ur petition
	institutions. I	vings, or other financial accounts; certificates of deposit; sha you have multiple accounts with the same institution, list ea		erage houses, and other similar
	□ No ■ Yes	Institution name:		
		17.1. Checking account w	rith Bank of America	\$300.00

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Debtor 1 Erick W. Burch

	17.2.	Savings account with Bank of America	\$100.00
18.	Bonds, mutual funds, or publicly traded stocks  Examples: Bond funds, investment accounts with be	rokerage firms, money market accounts	
	☐ Yes Institution or issuer	r name:	
19.	joint venture	porated and unincorporated businesses, including an interest in	an LLC, partnership, and
	■ No □ Yes. Give specific information about them Name of entity:	% of ownership:	
20.	Non-negotiable instruments are those you cannot tr ■ No □ Yes. Give specific information about them	shiers' checks, promissory notes, and money orders.	
	Issuer name:		
21.	<ul> <li>Retirement or pension accounts         Examples: Interests in IRA, ERISA, Keogh, 401(k),         □ No     </li> </ul>	403(b), thrift savings accounts, or other pension or profit-sharing pla	ns
	■ Yes. List each account separately.  Type of account:	Institution name:	
		401(k) / Retirement plan through employer - 100% exempt.	\$40,000.00
22.		to that you may continue service or use from a company , public utilities (electric, gas, water), telecommunications companies	s, or others
	☐ Yes	Institution name or individual:	
23.	. <b>Annuities</b> (A contract for a periodic payment of mon ■ No	ney to you, either for life or for a number of years)	
	Yes Issuer name and description.		
24.	. Interests in an education IRA, in an account in a of 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).  ■ No	qualified ABLE program, or under a qualified state tuition progra	am.
		on. Separately file the records of any interests.11 U.S.C. § 521(c):	
25.	■ No	other than anything listed in line 1), and rights or powers exerci	sable for your benefit
	☐ Yes. Give specific information about them		
26.	<ul> <li>Patents, copyrights, trademarks, trade secrets, a         Examples: Internet domain names, websites, proces     </li> <li>No</li> </ul>		
	☐ Yes. Give specific information about them		
27.	<ul> <li>Licenses, franchises, and other general intangib Examples: Building permits, exclusive licenses, coo</li> <li>No</li> </ul>	les perative association holdings, liquor licenses, professional licenses	
	☐ Yes. Give specific information about them		
M	oney or property owed to you?		Current value of the portion you own?  Do not deduct secured

Schedule A/B: Property Official Form 106A/B page 4

		Case 16-40766	Doc 1	Filed 12/30/16	Entered 12/30/16 12:55:39	Desc Main
De	btor 1	Erick W. Burch		Document	Page 14 of 53 Case number (if known)	
						claims or exemptions.
	■ No	unds owed to you Give specific information	about them, inc	cluding whether you alre	ady filed the returns and the tax years	
	■ No			usal support, child suppo	ort, maintenance, divorce settlement, property	settlement
	Example ■ No	mounts someone owes les: Unpaid wages, disab benefits; unpaid loan Give specific information.	ility insurance pas you made to		efits, sick pay, vacation pay, workers' compe	nsation, Social Security
	<i>Examp</i> i □ No	Name the insurance comp	•	,	HSA); credit, homeowner's, or renter's insurar  Beneficiary:	nce Surrender or refund
		Te	rm I ife Insu	ance policy through	·	value:
				cash surrender valu		\$0.00
	If you a someor	erest in property that is re the beneficiary of a livine has died.  Give specific information.	ing trust, expec		ed surance policy, or are currently entitled to reco	eive property because
		against third parties, wages: Accidents, employme			it or made a demand for payment s to sue	
	☐ Yes.	Describe each claim				
	Other c	ontingent and unliquide	atad alaima af	avame natura inaludin	g counterclaims of the debtor and rights to	set off claims
	☐ Yes.	Describe each claim		every nature, includin	g counterclaims of the debtor and rights to	set on claims
		Describe each claim		every nature, includin	g counterclaims of the debtor and rights to	set on claims
35.				every nature, includin	g counterclaims of the debtor and rights to	set on claims
35.	Any fina ■ No	Describe each claim	 ot already list	every nature, includin	g counterclaims of the debtor and rights to	set on claims
35.	Any fina ■ No □ Yes. · Add th	Describe each claim  ancial assets you did not Give specific information.  ne dollar value of all of y	 ot already list  your entries fr	om Part 4, including a	ny entries for pages you have attached	\$40,400.00

Official Form 106A/B Schedule A/B: Property page 5

■ No. Go to Part 6.

□ Yes. Go to line 38.

37. Do you own or have any legal or equitable interest in any business-related property?

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Case number (if known) Document Debtor 1 Erick W. Burch Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$217,500.00 Part 2: Total vehicles, line 5 \$18,100,00 57. Part 3: Total personal and household items, line 15 \$2,425.00 58. Part 4: Total financial assets, line 36 \$40,400.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00

\$60,925.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 6

62. Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$60,925.00

\$278,425.00

s an
g

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify the Property	You Claim as Exempt
---------	-----------------------	---------------------

1.	Which set of exemptions are you claiming? Check one only, eve	en if your spouse is filing with you.
	You are claiming state and federal nonbankruptcy exemptions.	11 U.S.C. § 522(b)(3)

- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Schedule A/B that lists this property	portion you own			Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
10614 Margaret Avenue Huntley, IL 60142-6953 Kane County Debtors purchased home on 05/14/2015 for \$210,000.00 - Debtor estimates the home to be worth around \$215,000.00 to \$220,000.00 - On-Line estimates come in from as low as \$206,000.00 and up to \$235, Line from Schedule A/B: 1.1	\$217,500.00		\$15,000.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-901	
2006 Mitsubishi Endeavor 226,000 miles - Paid In Full - Full Coverage Auto	\$1,825.00		\$2,400.00 100% of fair market value, up to	735 ILCS 5/12-1001(c)	
Insurance Line from Schedule A/B: 3.2			any applicable statutory limit		
Miscellaneous used household goods and furnishings	\$600.00		\$600.00	735 ILCS 5/12-1001(b)	
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		
TVs and computers Line from Schedule A/B: 7.1	\$400.00		\$400.00	735 ILCS 5/12-1001(b)	
Line from Genedule A.D. 1.1			100% of fair market value, up to any applicable statutory limit		

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De	Erick W. Burch			Case number (if known)	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Books, Pictures, and CD's Line from Schedule A/B: 8.1	\$100.00		\$100.00	735 ILCS 5/12-1001(b)
	Line Horr Schedule A.B. G. 1			100% of fair market value, up to any applicable statutory limit	
	Wearing Apparel Line from Schedule A/B: 11.1	\$950.00		\$950.00	735 ILCS 5/12-1001(a)
	Line Horr Schedule A.B. 11.1			100% of fair market value, up to any applicable statutory limit	
	Miscellaneous Costume Jewelry Line from Schedule A/B: 12.1	\$375.00		\$375.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	
	Checking account with Bank of America	\$300.00		\$300.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
	Savings account with Bank of America	\$100.00		\$100.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
	401(k) / Retirement plan through employer - 100% exempt.	\$40,000.00		100%	735 ILCS 5/12-704
	Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every			led on or after the date of adjustmer	nt.)
	■ No	. ,		•	
	☐ Yes. Did you acquire the property cove	red by the exemption wi	ithin 1	.215 days before you filed this case	?
	□ No		•	,,	
	Π Yes				

		Document	Page 18	8 of 53		
Fill in this informat	ion to identify you	ur case:				
Debtor 1	Erick W. Burch					
- DCDIOI 1	First Name	Middle Name	Last Name			
Debtor 2						
_	First Name	Middle Name	Last Name			
		NODTHERN BIOTRIOT OF ILL	INIOIO			
United States Bankr	uptcy Court for the	: NORTHERN DISTRICT OF ILI	LINUIS			
Case number						
(if known)					☐ Check	if this is an
					_	led filing
						iou iiii ig
Official Form	106D					
		. M/ls s   Ll s Ol s !	<b>C</b>	al las a Dava sa a sata	_	
Schedule D	: Creditors	Who Have Claims	Secure	a by Property	<u>y                                    </u>	12/15
		If two married people are filing togeth out, number the entries, and attach it				
I. Do any creditors ha	ve claims secured b	y your property?				
☐ No. Check th	is box and submit t	his form to the court with your other	schedules. Y	ou have nothing else to	o report on this form.	
_		•	-0	TE MATE HOLINING CHOOL		
Yes. Fill in all	of the information	below.				
Part 1: List All S	ecured Claims					
2. List all secured cla	ims. If a creditor has	more than one secured claim, list the cre	editor separately	Column A	Column B	Column C
for each claim. If more	than one creditor has	s a particular claim, list the other creditor	s in Part 2. As	Amount of claim	Value of collateral	Unsecured
much as possible, list t	he claims in alphabet	ical order according to the creditor's name	ne.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Gm Financia	al	Describe the property that secures	the claim:	\$26,073.00	\$16,275.00	\$9,798.00
Creditor's Name		2014 Chevrolet Impala 5700	1	<u> </u>		40,100.00
		Current/Surrender- Full Cov Auto Insurance				
Po Box 1811	145	As of the date you file, the claim is:	Check all that			
Arlington, T	-	apply.				
		Contingent				
Number, Street, Cit	y, State & Zip Code	Unliquidated				
Who owes the debt	201	☐ Disputed				
who owes the debt	Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as car loan)	mortgage or se	cured		
Debtor 2 only		cai loail)				
☐ Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, me	chanic's lien)			
☐ At least one of the	debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim	relates to a	Other (including a right to offset)	Purchase	Money Security		
community debt		, ,				
Date debt was incurre	Opened 05/14 Last Active 9/23/16	Last 4 digits of account num	ber <u>5818</u>			
<b></b>				<b>.</b>	<b></b>	
	Servicing L	Describe the property that secures		\$199,823.00	\$217,500.00	\$0.00
Creditor's Name		10614 Margaret Avenue Hui	ntley, IL			
		60142-6953 Kane County				
		Debtors purchased home of				
		05/14/2015 for \$210,000.00 -				
		estimates the home to be w around \$215,000.00 to \$220				
		On-Line estimates come in				
		low as \$206,000.00	5 45			
100E0 l	uity D-	As of the date you file, the claim is:	Check all that			
12650 Ingen Orlando, FL		apply.				
		Contingent				
Number, Street, Cit	y, State & Zip Code	Unliquidated				
Who owes the debt	Check one	☐ Disputed  Nature of lien. Check all that apply.				
Owes the uebt	OHECK UHE.	mature or mem officer all that apply.				

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Debtor 1 Erick W. E	Burch		Case	number (if know)	
First Name	Middle Na	me Last Name	<del></del>		
■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 □ At least one of the debtor 1 community debt	otors and another	☐ An agreement you made (such as car loan) ☐ Statutory lien (such as tax lien, me ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
Date debt was incurred	Opened 04/15 Last Active 10/07/16	Last 4 digits of account num	aber 4797		
	•	olumn A on this page. Write that nun		\$225,896.00	
Write that number her		ine donar value totals from all pages	•	\$225,896.00	

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill	in this informa	ation to identify your	case:	Documen	Faue	20 UI	Ja		
Deb	otor 1	Erick W. Burch							
Dah	otor O	First Name	Midd	lle Name	Last Name	9			
	otor 2 use if, filing)	First Name	Midd	lle Name	Last Name	е			
Unit	ted States Bank	cruptcy Court for the:	NORTHE	ERN DISTRICT OF ILLIN	NOIS				
	se number							_	if this is an
⊃ŧŧ	ioial Farm	1065/5						] amend	ed filing
	icial Form		/ho Hay	ve Unsecured C	`laim				12/15
Be as any e Sche Sche eft.	s complete and a executory contra dule G: Executo dule D: Creditor Attach the Conti e and case numb	accurate as possible. Us icts or unexpired leases by Contracts and Unexp is Who Have Claims Sec nuation Page to this pag- per (if known).	se Part 1 for that could pired Leases ured by Pro ge. If you ha	creditors with PRIORITY result in a claim. Also list (Official Form 106G). Do perty. If more space is ne ve no information to repo	claims a executo not inclu eded, co	nd Part 2 fory contractions in the contraction in t	ts on Schedule A/B: I editors with partially s t you need, fill it out,	Property (Official For secured claims that a number the entries in	st the other party to m 106A/B) and on re listed in n the boxes on the
		of Your PRIORITY Ur							
	_ '	s have priority unsecure	d claims ag	ainst you?					
	☐ No. Go to Par	t 2.							
	Yes.	riority unacqured eleim	e If a aradita	or has more than one priority		rad alaim li	at the graditar apparate	oly for each claim. For	anah alaim liatad
	identify what type possible, list the	e of claim it is. If a claim ha claims in alphabetical orde	as both priori er according	or has more than one priority ity and nonpriority amounts, to the creditor's name. If yo n, list the other creditors in F	list that ou u have m	claim here a	and show both priority a	and nonpriority amoun	s. As much as
	(For an explanati	on of each type of claim,	see the instru	uctions for this form in the in	struction	booklet.)	Total data	B 11 11	N
	_						Total claim	Priority amount	Nonpriority amount
2.1	I.R.S.			Last 4 digits of account	number	7283	\$1,500.00	\$1,500.00	\$0.00
	Priority Cred	7346	•	When was the debt incu	rred?	2015		_	
		ohia, PA 19101-7340 eet City State Zlp Code	<u> </u>	As of the date you file, to	he claim	is: Check a	all that apply		
	Who incurred t	the debt? Check one.		☐ Contingent					
	Debtor 1 onl	ly		☐ Unliquidated					
	Debtor 2 onl	ly		☐ Disputed					
	Debtor 1 and	d Debtor 2 only		Type of PRIORITY unsec	cured cla	im:			
	☐ At least one	of the debtors and another	er	☐ Domestic support oblig	gations				
	_	s claim is for a commu		■ Taxes and certain other	er debts v	ou owe the	e government		
		bject to offset?	,	☐ Claims for death or pe	-		-		
	■ No			Other. Specify					
	☐ Yes			bac	k taxes	3			
2.2	Paris Tur			Lock A digito of account		7202	¢0.00	¢0.00	¢0.00
2.2	Priority Cred	litor's Name		Last 4 digits of account  When was the debt incu			\$0.00	\$0.00	\$0.00
	Euclid, O	H 44119						-	
		eet City State Zlp Code the debt? Check one.		As of the date you file, the	he claim	is: Check a	all that apply		
	_			☐ Contingent					
	■ Debtor 1 onl	•		☐ Unliquidated					
	Debtor 2 onl			Disputed		.:			
	Debtor 1 and	Ť		Type of PRIORITY unsec		um:			
		of the debtors and another		Domestic support oblig	_				
		s claim is for a commu bject to offset?	nity debt	☐ Taxes and certain other ☐ Claims for death or pe	-		<del>-</del>		
	■ No			Other. Specify					
	☐ Yes								

Page 21 of 53 Case number (if know) Document Debtor 1 Erick W. Burch

. С	o any creditors have nonpriority unsecured claim	s against you?					
	No. You have nothing to report in this part. Submit	his form to the court with your other sche	edules.				
	Yes.						
u th	ist all of your nonpriority unsecured claims in the nsecured claim, list the creditor separately for each clan one creditor holds a particular claim, list the other lart 2.	aim. For each claim listed, identify what t	type of claim it is. Do not list claims already inc	luded in Part 1. If more			
.1	Acucaretotal Health	Last 4 digits of account number	9536	\$1,779.00			
	Nonpriority Creditor's Name 750 Fletcher Drive Suite 304	When was the debt incurred?	2016	-			
	Elgin, IL 60123-4756						
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?						
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	Yes	Other. Specify Medical		-			
.2	Blitt and Gaines PC	Last 4 digits of account number	2569	\$0.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. 661 Glenn Ave	When was the debt incurred?	2011	-			
	Wheeling, IL 60090						
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure					
	☐ Check if this claim is for a community	☐ Student loans					
	debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	■ No	Debts to pension or profit-sharing plans, and other similar debts					
	□Yes	Other, Specify Notice Only	y-Attorney for Capital One				

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Case number (if know)

Debtor 1 Erick W. Burch 4.3 \$27.17 **Business Revenue Systems** Last 4 digits of account number 2016 Nonpriority Creditor's Name PO Box 579 When was the debt incurred? 2016 **Burlington, IA 52601-0579** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Medical Other. Specify 4.4 **Capital One** Last 4 digits of account number 2569 \$1,969.00 Nonpriority Creditor's Name PO Box 4199 When was the debt incurred? 2011 Houston, TX 77210 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes credit card Other. Specify 4.5 Capital One Bank Usa N Last 4 digits of account number 5295 \$656.00 Nonpriority Creditor's Name Opened 11/14 Last Active 15000 Capital One Dr When was the debt incurred? 07/16 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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Debtor 1 Erick W. Burch Case number (if know) 4.6 \$5,201.00 Centegra Hospital McHenry Last 4 digits of account number 4583 Nonpriority Creditor's Name 527 West South Street When was the debt incurred? 04/08/2016 Woodstock, IL 60098-3756 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Medical Other. Specify 4.7 **Centegra Hospital Mchenry** Last 4 digits of account number 0001 \$561.62 Nonpriority Creditor's Name PO Box 6204 When was the debt incurred? 2016 Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other, Specify 4.8 Centegra Hospital Mchenry Last 4 digits of account number 0001 \$239.74 Nonpriority Creditor's Name PO Box 6204 When was the debt incurred? 2016 Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify

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Debtor 1 Erick W. Burch Case number (if know) 4.9 \$48.00 **Certified Services Inc** Last 4 digits of account number 834A Nonpriority Creditor's Name Opened 07/13 Last Active 1300 N Skokie Hwy Ste 10 When was the debt incurred? 1/27/15 Gurnee, IL 60031 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Collection Attorney Smiles On Randall 4.1 **Dartmoor Dental** 1090 \$964.40 Last 4 digits of account number 0 Nonpriority Creditor's Name 1500 Carlemont Drive, Ste. C When was the debt incurred? 2016 Crystal Lake, IL 60014-1833 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Medical Other. Specify 4.1 First Premier Bank 2283 \$660.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 06/15 Last Active 601 S Minnesota Ave When was the debt incurred? 06/16 Sioux Falls, SD 57104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes

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Debtor 1 Erick W. Burch Case number (if know) 4.1 \$641.00 First Premier Bank 9929 Last 4 digits of account number 2 Nonpriority Creditor's Name Opened 04/14 Last Active 601 S Minnesota Ave When was the debt incurred? 06/16 Sioux Falls, SD 57104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other, Specify First Step Foot Care 8916 \$161.54 Last 4 digits of account number Nonpriority Creditor's Name PO Box 932 When was the debt incurred? 2016 Huntley, IL 60142-6953 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify 4.1 Harris & Harris 0001 \$1,246,81 Last 4 digits of account number Nonpriority Creditor's Name 111 W. Jackson Blvd. When was the debt incurred? 2016 Suite 400 Chicago, IL 60604 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt oxed Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Other, Specify

Medical

Document Page 26 of 53 Debtor 1 Erick W. Burch Case number (if know) 4.1 \$160.00 Harris & Harris, Ltd 4538 Last 4 digits of account number 5 Nonpriority Creditor's Name Opened 07/16 Last Active 111 West Jackson Boulevard When was the debt incurred? 01/16 Chicago, IL 60604 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Medical Debt Centegra Health** Other, Specify 4.1 Kohls/capital One 7993 \$435.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 12/14 Last Active N56 W 17000 Ridgewood Dr When was the debt incurred? 06/16 Menomonee Falls, WI 53051 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Charge Account 4.1 Merrick Bank Corp 1200 \$230.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 01/14 Last Active Po Box 9201 When was the debt incurred? 06/16 Old Bethpage, NY 11804 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Credit Line Secured

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r 1 Ericl	k W. E	Burch		Case n	umber (if know	·)	
OAC			Last 4 digits of account number	3352			\$2
POB 5	<b>500</b>	litor's Name	When was the debt incurred?	2016			
		I 53913 City State Zlp Code	As of the date you file, the claim	is: Check	all that apply		
Who inc	curred t	he debt? Check one.					
Debto	or 1 only	У	☐ Contingent				
☐ Debto	Debtor 2 only		☐ Unliquidated				
☐ Debto	or 1 and	Debtor 2 only	☐ Disputed				
☐ At lea	ast one	of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	ck if this	s claim is for a community	Student loans				
debt	laim cul	oject to offset?	Obligations arising out of a separeport as priority claims	aration ag	reement or dive	orce that you did not	
■ No	iaiiii Sui	oject to onset?	☐ Debts to pension or profit-sharin	a nlane	and other simils	ar debte	
			·	ig piaris,	and other simile	ai debis	
☐ Yes			Other. Specify Medical				
Syncb	/walm	nart	Last 4 digits of account number	0683			\$36
Nonprior	rity Cred	litor's Name	_	_			
Po Bo		024 . 32896	When was the debt incurred?	06/16		_ast Active	
Number	Street C	City State Zlp Code he debt? Check one.	As of the date you file, the claim	is: Check	all that apply		
■ Debto	or 1 only	V	☐ Contingent				
☐ Debto		•	☐ Unliquidated				
_		Debtor 2 only	☐ Disputed				
		of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
		s claim is for a community	Student loans				
debt	ok ii tiii.	o ciami io for a community	☐ Obligations arising out of a sepa	aration ag	reement or dive	orce that you did not	
Is the cla	laim sul	oject to offset?	report as priority claims			,	
■ No			Debts to pension or profit-sharing	ig plans,	and other simila	ar debts	
☐ Yes			■ Other. Specify Charge Acc	count			
List (	<b>-</b>	to Be Notified About a Deb					
his page or ring to coll more than ied for any	only if y lect from n one con y debts the An	ou have others to be notified ab m you for a debt you owe to sor reditor for any of the debts that in Parts 1 or 2, do not fill out or mounts for Each Type of Uns certain types of unsecured clain	oout your bankruptcy, for a debt that y neone else, list the original creditor in you listed in Parts 1 or 2, list the addi submit this page.	n Parts 1 itional cr	or 2, then list editors here. I	the collection agency here. f you do not have additiona	Similarly, if I persons to
anocou	0141				т	otal Claim	
	6a.	Domestic support obligations		6a.	\$	0.00	
Total laims		_					
Part 1	6b.	Taxes and certain other debts	you owe the government njury while you were intoxicated	6b.	\$	1,500.00	
	6c. 6d.	•	ecured claims. Write that amount here.	6c. 6d.	\$ \$	0.00	
	ou.	under priority dribe	sia while that difficult hold.	Ju.	Ψ	<u> </u>	
	6e.	Total Priority. Add lines 6a thro	ugh 6d.	6e.	\$	1,500.00	
	6f.	Student loans		6f.	Т \$	otal Claim	
	oi.	Gradent Ioans		UI.	JD .	0.00	

Official Form 106 E/F

from Part 2

6g.

Obligations arising out of a separation agreement or divorce that

you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

6g.

6h.

0.00

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Page 28 of 53 Case number (if know) Debtor 1 Erick W. Burch

> 0.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 15,370.91 Total Nonpriority. Add lines 6f through 6i. 6j. 15,370.91

Official Form 106 E/F

		1706000	III FAUE / 9 UL 33
Fill in this infor	mation to identify your	case:	
Debtor 1	Erick W. Burch		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS
Case number			
(if known)			

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the or, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	<del>-</del>

		Docume	ent Page 30 o	ot 53	
Fill in this	information to identify your	case:			
Debtor 1	Erick W. Burch				
DCDIOI 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Sta	ites Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
	,				
Case num	ber				
(if known)					Check if this is an
					amended filing
Officia	l Form 106H				
		lalida wa			
Sched	lule H: Your Cod	eptors			12/15
Arizon  No. Yes  3. In Col	hin the last 8 years, have you and California, Idaho, Louisiana Go to line 3.  S. Did your spouse, former spouts and your spouse, former spouts and your codeb	, Nevada, New Mexico, Pu use, or legal equivalent live tors. Do not include your	erto Rico, Texas, Wash with you at the time? spouse as a codebtor	ningtòn, and Wiśconsin.) r if your spouse is filing	y states and territories include g with you. List the person shown ne creditor on Schedule D (Official
	106D), Schedule E/F (Officia olumn 2.	I Form 106E/F), or Sched	ule G (Official Form 10	06G). Use Schedule D,	Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor	UD Codo			editor to whom you owe the debt
	Name, Number, Street, City, State and Z	0000		Check all schedule	ъ шатарріу.
3.1				☐ Schedule D, line	е
	Name			Schedule E/F, li	
				☐ Schedule G, line	e
-	Number Street			<u> </u>	
	City	State	ZIP Code		
				<b>-</b>	
3.2	Name			Schedule D, line	
	Hamo			☐ Schedule E/F, li	
				☐ Schedule G, line	e
	Number Street			_	
	City	State	ZIP Code		

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Fill	in this information to identify your c	ase:								
Deb	otor 1 Erick W. Bu	rch				_				
	otor 2					_				
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLING	SIC						
	se number		-				Check if this	nded filing	ving postpetition	chanter
_									e following date:	onaptor
<u>O</u> 1	fficial Form 106I						MM / DD	)/ YYYY		
S	chedule I: Your Inc	ome								12/15
atta	use. If you are separated and you ch a separate sheet to this form.  Describe Employment									
1.	Fill in your employment information.		Debtor 1				Debto	or 2 or nor	n-filing spouse	
	If you have more than one job,	Employment status	■ Employ	yed			■ Employed			
	attach a separate page with information about additional		☐ Not em	☐ Not employed				☐ Not employed		
	employers.	Occupation	Crew Ch	ief Traine	r		Cust	omer Su	pport	
	Include part-time, seasonal, or self-employed work.	Employer's name	America	n Airlines			Hunt	ley Comr	munity School	Distict
	Occupation may include student or homemaker, if it applies.	Employer's address	O'Hare A Chicago	Airport , IL 60666				Academic nquin, IL		
		How long employed t	here?	27 years				3 years	i .	
Par	Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have not	thing to repo	rt for	any	line, write \$0 in t	he space.	Include your nor	n-filing
	u or your non-filing spouse have me e space, attach a separate sheet to		ombine the ir	nformation fo	r all e	emplo	oyers for that pe	rson on the	e lines below. If y	ou need
							For Debtor 1		Debtor 2 or filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,				2.	\$	6,900.0	<b>o</b> \$	1,448.00	
3.	Estimate and list monthly overt	ime pay.			3.	+\$	0.0	0 +\$	0.00	

6,900.00

1,448.00

Calculate gross Income. Add line 2 + line 3.

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Deb	tor 1	Erick W. Burch		C	Case	number (if known)				
					For	Debtor 1		Debtor		
	Cop	y line 4 here	4.		\$	6,900.00	\$		,448.00	)
5.	l ist	all payroll deductions:								_
0.	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a 5b		\$_ _	1,483.00 0.00	\$_ \$_		201.00 63.00	<u> </u>
	5c. 5d. 5e.	Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance	5d 5d 5e	l.	\$_ \$_	0.00 0.00 265.00	\$_ \$_ \$		0.00 0.00 43.00	<u> </u>
	5f. 5g. 5h.	Domestic support obligations Union dues Other deductions. Specify:	5f. 5g 5h		\$_ \$_ \$_	616.00 124.00 0.00	\$_ \$_ + \$_		0.00 0.00 0.00	<u></u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	2,488.00	\$_		307.00	<u>)                                    </u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	4,412.00	\$_	1	,141.00	<u>)                                    </u>
8.	8b. 8c.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation	8a 8b 8c 8d	). ;.	\$ \$ \$	0.00 0.00 0.00 0.00	\$_ \$_ \$_		0.00 0.00 0.00	<u></u>
	8e.	Social Security	8e		<b>\$</b> -	0.00	\$		0.00	_
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income Other monthly income. Specify: Part Time Job	_ 8f. 8g		\$ \$ \$	0.00 0.00 0.00	\$_ \$_ + \$		0.00 0.00 644.06	<u> </u>
9.		all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$_		644.0	_
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		4,412.00 + \$_	1,	785.06	= \$ _	6,197.06
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your prince friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe			•			e <i>J</i> . +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						12.	\$	6,197.06
13.	Do y	you expect an increase or decrease within the year after you file this form?							Combi month	ned ly income
		Yes, Explain: Non-Filing Spouse no longer works at her 3rd job	`							

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Fill	in this informa	tion to identify yo	our case:			I				
	tor 1	Erick W. Bur					ck if this is:			
	tor 2 ouse, if filing)					<ul> <li>☐ An amended filing</li> <li>☐ A supplement showing postpetition chapter</li> <li>13 expenses as of the following date:</li> </ul>				
Unit	ed States Bankr	uptcy Court for the	: NORTH	HERN DISTRICT OF ILLIN	OIS	-	MM / DD / YYYY			
1	e number nown)									
Of	fficial Fo	rm 106J								
		J: Your						12/15		
info	ormation. If m	and accurate as ore space is ne n). Answer ever	eded, atta	. If two married people and the control of the cont	re filing together, b form. On the top o	oth are equ f any addition	ally responsible fo onal pages, write y	or supplying correct your name and case		
Par	t 1: Descr	ibe Your House	hold							
	■ No. Go to	line 2.	in a senar	ate household?						
	□ N	0	-	al Form 106J-2, <i>Expenses</i>	s for Separate House	e <i>hold</i> of Deb	tor 2.			
2.	Do you have	e dependents?	□ No							
	Do not list De Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?		
	Do not state dependents				Son		11	□ No ■ Yes		
								□ No		
							_	☐ Yes ☐ No		
								☐ Yes		
								□ No		
3.	Do vour exp	enses include	_	N.	-		<u> </u>	☐ Yes		
0.	expenses of	f people other to d your depende	han $_{\square}$	No Yes						
exp	imate your ex		our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp						
the		n assistance an		government assistance i cluded it on <i>Schedule I:</i> \			Your exp	enses		
4.		or home owners		uses for your residence. I	nclude first mortgag	e 4. \$	i	1,691.00		
	If not includ	led in line 4:	-							
	4a. Real e	estate taxes				4a. \$	;	0.00		
		rty, homeowner's	s, or renter	's insurance		4b. \$		0.00		
			•	upkeep expenses		4c. \$		50.00		
5.		owner's associat			umo oquitu locas	4d. \$ 5. \$		0.00		
J.	Auditional	nortgage payme	ento lur yo	<b>our residence</b> , such as ho	ine equity loans	J. 🕽	•	0.00		

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otor 1 Erick W. Burch	Ca:	ise num	ber (if known)	
Utilities:				
Utilities: 6a. Electricity, heat, natural gas		6a.	\$	270.00
6b. Water, sewer, garbage collection		6b.	\$	80.00
6c. Telephone, cell phone, Internet, sa	tellite, and cable services	6c.	·	520.00
6d. Other. Specify:		6d.		0.00
Food and housekeeping supplies		- 7.		
	240		\$	500.00
Childcare and children's education co	SIS	8.	*	0.00
Clothing, laundry, and dry cleaning		9.	·	75.00
Personal care products and services		10.		35.00
Medical and dental expenses		11.	\$	85.00
Transportation. Include gas, maintenar	ce, bus or train fare.	4.0	•	400.00
Do not include car payments.		12.		400.00
Entertainment, clubs, recreation, new		13.	\$	100.00
Charitable contributions and religious	donations	14.	\$	0.00
Insurance.			-	
Do not include insurance deducted from	our pay or included in lines 4 or 20.			
15a. Life insurance		15a.	\$	0.00
15b. Health insurance		15b.	\$	0.00
15c. Vehicle insurance		15c.	\$	118.00
15d. Other insurance. Specify:		15d.		0.00
<b>Faxes.</b> Do not include taxes deducted fr	m your pay or included in lines 4 or 20	54.	·	0.00
Specify:	m your pay or moraucu in imes 4 01 20.	16.	\$	0.00
Installment or lease payments:		- 10.	Ψ	0.00
17a. Car payments for Vehicle 1		17a.	¢	0.00
17b. Car payments for Vehicle 2		17b.		0.00
17c. Other. Specify: Non-Filing Sp		_ 17c.		750.00
17d. Other. Specify: Non-Filing Sp	ouse's Car payment	17d.	\$	350.00
Non-Filing Spouse's Car Acc	ident Payment		\$	260.00
Your payments of alimony, maintenar	ce, and support that you did not report as	_		
	edule I, Your Income (Official Form 106I).	18.	\$	0.00
Other payments you make to support			\$	0.00
Specify:		19.		
	ded in lines 4 or 5 of this form or on Schedul	le I: Yo	our Income.	
20a. Mortgages on other property		20a.		0.00
20b. Real estate taxes		20b.		0.00
20c. Property, homeowner's, or renter's	insurance	20c.	· .	0.00
20d. Maintenance, repair, and upkeep		20d.		
	•		*	0.00
20e. Homeowner's association or cond	minium dues	20e.		0.00
Other: Specify: Travel Expense		21.	+\$	249.16
<b>Business supplies and expenses</b>			+\$	174.58
Business Meals		-	+\$	20.42
Professional Subscription		_	+\$	88.75
Uniforms and protective clothing		-	+\$	374.17
· · · · · ·		-		314.17
Calculate your monthly expenses				
22a. Add lines 4 through 21.			\$	6,191.08
•	Debtor 2), if any, from Official Form 106J-2		\$	-,
1, ( ) 1	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		\$	6 404 00
22c. Add line 22a and 22b. The result is	your monthly expenses.		Φ	6,191.08
Calculate your monthly net income.				
23a. Copy line 12 (your combined mon	hlv income) from Schedule I.	23a.	\$	6,197.06
23b. Copy your monthly expenses from	•	23b.	·	6,191.08
Lob. Copy your monthly expenses non	220 abovo.	۷۵۵.	-Ψ	0,191.00
22a Subtract your monthly avacace f	om vour monthly income			
23c. Subtract your monthly expenses f		23c.	\$	5.98
The result is your monthly net inco	ne.	_00.		3.00
	e in your expenses within the year after you fi	ila thic	form?	
Do you expect an increase or decrease	, iii voul expeliaca willilli lile vedi dilel VOU II	แซ แแว	, , ()	
				crease or decrease because of
For example, do you expect to finish paying fo	your car loan within the year or do you expect your mo			crease or decrease because
For example, do you expect to finish paying for modification to the terms of your mortgage?				crease or decrease because
or example, do you expect to finish paying for				crease or decrease because

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Fill in this is	nformation to identify your	.0250:			
		case.			
Debtor 1	Erick W. Burch First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing	) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	NORTHERN DISTRIC	T OF ILLINOIS		
Case number	er				
(if known)					Check if this is an amended filing
Official F	orm 106Dec				
	ration About a	an Individua	l Debtor's So	hedules	12/15
		411 1114111444		711044100	12/13
If two marrie	ed people are filing togethe	er, both are equally resp	onsible for supplying cor	rect information.	
obtaining m		n connection with a ba			ment, concealing property, or ), or imprisonment for up to 20
	Sign Below				
Did yo	u pay or agree to pay some	eone who is NOT an atte	orney to help you fill out b	pankruptcy forms?	
■ No	0				
□ Ye	es. Name of person				ruptcy Petition Preparer's Notice,
				Declaration,	and Signature (Official Form 119)
	penalty of perjury, I declare by are true and correct.	that I have read the su	mmary and schedules file	ed with this declaration	n and
X /s/	Erick W. Burch		X		

Erick W. Burch Signature of Debtor 1

Date December 30, 2016

Signature of Debtor 2

Date

	to this inform					
		ation to identify you	r case:			
Del	otor 1	Erick W. Burch First Name	Middle Name	Last Name		
1	otor 2					
(Spc	ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Ban	kruptcy Court for the:	NORTHERN DISTRICT C	OF ILLINOIS		
Cas	se number					
(if kr	nown)					Check if this is an
						mended filing
~ .	<del>.</del>	4.07				
	ficial For				_	
Sta	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/16
			ible. If two married people a			
		ore space is needed, ). Answer every que	attach a separate sheet to t stion.	this form. On the top of any	y additional pages, write you	ir name and case
Par	t 1: Give De	etaile About Vour Ma	arital Status and Where You	Lived Refore		
ı aı				Liveu Belole		
1.	What is your	current marital statu	is?			
	Married					
	□ Not marr	ied				
2.	During the la	st 3 years, have you	lived anywhere other than v	where you live now?		
			•	•		
	□ No ■ Voc List	all of the places you	ived in the last 3 years. Do no	at include where you live now	,	
	- Tes. List	all of the places you i	ived in the last 3 years. Do no	of include where you live now		
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
	2224 Flags	tone Lane	From-To:	☐ Same as Debtor	1	☐ Same as Debtor 1
	Carpenters	ville, IL 60110	2012 - 2014			From-To:
3. state	es and territorie	es include Arizona, Ca	ver live with a spouse or leg lifornia, Idaho, Louisiana, Nev medule H: Your Codebtors (Of	vada, New Mexico, Puerto R		
Par	t 2 Explain	the Sources of You	r Income			
4.	Fill in the total	amount of income yo	nployment or from operating u received from all jobs and a have income that you receive	all businesses, including part	time activities.	ndar years?
	□ No					
	_	in the details.				
			Dalata a		Dalitano	
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		of current year until I for bankruptcy:	■ Wages, commissions, bonuses, tips	\$72,460.20	■ Wages, commissions, bonuses, tips	\$26,317.69
			☐ Operating a business		☐ Operating a business	
			5,5.49 4 5461000		_ 0,0.49 4 240000	

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	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
or last calendar year: January 1 to December 31, 2015 )	■ Wages, commissions, bonuses, tips	\$74,736.00	☐ Wages, commissions bonuses, tips	·,
	☐ Operating a business		☐ Operating a business	
For the calendar year before that: January 1 to December 31, 2014)	■ Wages, commissions, bonuses, tips	\$57,464.00	☐ Wages, commissions bonuses, tips	,
	☐ Operating a business		☐ Operating a business	
and other public benefit payments winnings. If you are filing a joint cat.  List each source and the gross inc.  No Yes. Fill in the details.	se and you have income that y	ou received together, list it o	nly once under Debtor 1.	; and gambling and lottery
	Dobtor 1		Dobtor 2	
	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
Part 3: List Certain Payments You	u Made Before You Filed for	Bankruptcy		
Are either Debtor 1's or Debtor 2  No. Neither Debtor 1 nor individual primarily for  During the 90 days bef  No. Go to line  Yes List below paid that conot include * Subject to adjustmen  Yes. Debtor 1 or Debtor 2  During the 90 days bef  No. Go to line  Yes List below include paid	2's debts primarily consumer Debtor 2 has primarily consumer a personal, family, or househo ore you filed for bankruptcy, di 7.  each creditor to whom you paireditor. Do not include paymer a payments to an attorney for the on 4/01/19 and every 3 years or both have primarily consumer you filed for bankruptcy, di	debts? Imer debts. Consumer debts d purpose."  d you pay any creditor a total d a total of \$6,425* or more in the for domestic support oblighis bankruptcy case. Is after that for cases filed on Imer debts. d you pay any creditor a total d a total of \$600 or more and	of \$6,425* or more?  In one or more payments are ations, such as child support or after the date of adjustment of \$600 or more?	and the total amount you out and alimony. Also, do nent.

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Deb	etor 1 Erick W. Burch		Cas	se number (if known)		
	Within 1 year before you filed for banl <i>Insiders</i> include your relatives; any gene of which you are an officer, director, pers a business you operate as a sole proprie alimony.	eral partners; relatives of any ge son in control, or owner of 20%	neral partners; partne or more of their voting	erships of which yog securities; and ar	u are a general ny managing ag	partner; corporations gent, including one for
	■ No					
	☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment
	Within 1 year before you filed for bank insider? Include payments on debts guaranteed of		yments or transfer a	any property on a	ccount of a de	bt that benefited an
	No					
	Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t Include credit	this payment tor's name
Part	t 4: Identify Legal Actions, Reposse	secions and Foreclosures				
ган	t4. Identify Legal Actions, Reposse	ssions, and Foreciosures				
	Within 1 year before you filed for bank List all such matters, including personal modifications, and contract disputes.					
	■ No □ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	e case
	Within 1 year before you filed for bank Check all that apply and fill in the details		erty repossessed, f	oreclosed, garnis	hed, attached	, seized, or levied?
	☐ No. Go to line 11.					
	Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happene	ed			p. opo. sy
	CMK Investments 2531 Technology Drive, Suite 314 Elgin, IL 60124	Debtor's wages wer 4 03/24/16 - 05/20/16	e garnsihed from	03/24 05/20	1/16 - D/16	\$590.00
	_ig.i., i_ 00 i	☐ Property was reposs				
		Property was foreclo				
		Property was garnish	ned.			
		☐ Property was attache	ed, seized or levied.			
	Within 90 days before you filed for ba accounts or refuse to make a paymen		cluding a bank or fil	nancial institution	, set off any a	mounts from your
	Yes. Fill in the details.					
	Creditor Name and Address	Describe the action th	e creditor took	Date taken	action was	Amount
	Within 1 year before you filed for bank court-appointed receiver, a custodian		erty in the possess	ion of an assigne	e for the benef	fit of creditors, a

court-appointed receiver, a custodian, or another official?

■ No

☐ Yes

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Case number (if known) Document Debtor 1 Erick W. Burch

Pai	t 5: List Certain Gifts and Contributions			
13.	Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift.	cy, did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:			
14.	Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift or cont	cy, did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Dates you contributed	Value
Pai	t 6: List Certain Losses			
15.	within 1 year before you filed for bankrupto or gambling?  ■ No □ Yes. Fill in the details.	y or since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,
	how the loss occurred	escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pai	t 7: List Certain Payments or Transfers			
16.	consulted about seeking bankruptcy or pre	y, did you or anyone else acting on your behalf pay oparing a bankruptcy petition? Parers, or credit counseling agencies for services require		rty to anyone you
	No Sill in the details			
	Yes. Fill in the details.  Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Law Offices of Joseph P. Doyle 105 S. Roselle Rd. Suite 203 Schaumburg, IL 60193	\$1150.00	2016	\$0.00
17.	Within 1 year before you filed for bankrupto promised to help you deal with your creditor Do not include any payment or transfer that you	. , , ,	or transfer any prope	rty to anyone who
	■ No □ Yes. Fill in the details.			
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

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Debtor 1 Erick W. Burch

18.	Within 2 years before you filed for bankrupto transferred in the ordinary course of your but include both outright transfers and transfers mainclude gifts and transfers that you have already No	usiness or financial affa de as security (such as t	irs? he granting of a se		•	
	Yes. Fill in the details.					
	Person Who Received Transfer Address	Description and v property transferr		Describe any payments rec paid in exchain	eived or debts	Date transfer was made
	Person's relationship to you			•	J .	
19.	Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-productions)		y property to a se	lf-settled trust o	or similar device of	which you are a
	■ No □ Yes. Fill in the details.					
	Name of trust	Description and v	alue of the proper	rty transferred		Date Transfer was made
						muuc
Par	t 8: List of Certain Financial Accounts, Ins	truments, Safe Deposit	Boxes, and Stora	ige Units		
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred?	•		•		
	Include checking, savings, money market, or houses, pension funds, cooperatives, assoc  No			deposit; share	s in banks, credit t	inions, brokerage
	Yes. Fill in the details.					
	Name of Financial Institution and	Last 4 digits of	Type of account	or Date a	ccount was	Last balance
	Address (Number, Street, City, State and ZIP Code)	account number	instrument	closed moved transfe	l, sold, l, or	before closing or transfer
21.	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed for	bankruptcy, any	safe deposit bo	x or other deposito	ory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		escribe the con	tents	Do you still have it?
22.	Have you stored property in a storage unit o	r place other than your	home within 1 ye	ar before you fi	led for bankruptcy	?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St		escribe the con	tents	Do you still have it?
		State and ZIP Code)				
Par	t 9: Identify Property You Hold or Control t	for Someone Else				
23.	Do you hold or control any property that son for someone.	neone else owns? Inclu	ıde any property y	ou borrowed fr	om, are storing fo	r, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		escribe the prop	perty	Value
Par	t 10: Give Details About Environmental Info	rmation				
For	the purpose of Part 10, the following definitio	ons apply:				

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

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Case number (if known) Document

Debtor 1 Erick W. Burch

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

	hazardous material, pollutant, contaminant, or similar term.						
Rep	ort all notices, releases, and proceedings that	you know about, regardless of wher	1 they occurred.				
24.	Has any governmental unit notified you that y	as any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?					
	■ No						
	Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of a	ny release of hazardous material?					
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
26.	Have you been a party in any judicial or admir	nistrative proceeding under any envi	ronmental law? Include settlements a	nd orders.			
	■ No						
	Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case			
Par	t 11: Give Details About Your Business or Co	onnections to Any Business					
		-					
27.	Within 4 years before you filed for bankruptcy	•		business?			
	_	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time					
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)						
	A partner in a partnership						
	☐ An officer, director, or managing executive of a corporation						
	☐ An owner of at least 5% of the voting or equity securities of a corporation						
	No. None of the above applies. Go to Part 12.						
	Yes. Check all that apply above and fill in						
	Address	Describe the nature of the business	Employer Identification number Do not include Social Security r				
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed				
28.	Within 2 years before you filed for bankruptcy institutions, creditors, or other parties.	γ, did you give a financial statement t	to anyone about your business? Inclu	de all financial			
	■ No						
	Yes. Fill in the details below.						
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued					

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6

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Debtor 1 Erick W. Burch

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Er	rick W. Burch	
	x W. Burch ature of Debtor 1	Signature of Debtor 2
Date	December 30, 2016	Date
Did yo	u attach additional pages to Your	Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No		
□ Yes	3	
Did yo	u pay or agree to pay someone w	no is not an attorney to help you fill out bankruptcy forms?
■ No		
☐ Yes	s. Name of Person . Attach th	e Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inforn	nation to identify your	case:			
Debtor 1	Erick W. Burch				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	NORTHERN DIST	RICT OF ILLINOIS		
Case number					
(if known)					Check if this is an amended filing
Official Fo		n for Indiv	iduals Filing Under	Chapter 7	12/15
	vidual filing under cha e claims secured by yo		out this form if:		
you have lease You must file this	ed personal property a s form with the court w ver is earlier, unless th	nd the lease has no ithin 30 days after	ot expired. you file your bankruptcy petition or b e time for cause. You must also send		
	ople are filing together d date the form.	in a joint case, bo	th are equally responsible for supply	ing correct information	on. Both debtors must
	and accurate as possib our name and case nun		needed, attach a separate sheet to the	his form. On the top o	of any additional pages,
Part 1: List Yo	our Creditors Who Have	Secured Claims			
•	•	ort 1 of Schedule D	Creditors Who Have Claims Secured	d by Property (Officia	l Form 106D), fill in the
information be Identify the cre	elow. editor and the property the	nat is collateral	What do you intend to do with the secures a debt?		id you claim the property s exempt on Schedule C?
Creditor's G	m Financial		■ Surrender the property.		l No
name:			☐ Retain the property and redeem it		
Description of	2014 Chevrolet Imp	pala 57000	Retain the property and enter into Reaffirmation Agreement.	а	Yes
property	miles		Retain the property and [explain]:		
securing debt:	Current/Surrender Coverage Auto Ins				
Part 2: List Yo	our Unexpired Persona	l Property Leases			
For any unexpire in the information	ed personal property le n below. Do not list rea	ase that you listed I estate leases. Un	in Schedule G: Executory Contracts a expired leases are leases that are stil he trustee does not assume it. 11 U.S	Il in effect; the lease	
Describe vour u	nexpired personal proj	perty leases		Will the	e lease be assumed?
_	p. 2. p. 3. 35. 18. p. 61	,			
Lessor's name: Description of lea	ased			□ No	
Property:				☐ Yes	S
Lessor's name: Description of lea	ased			□ No	
Property:				☐ Yes	S

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Del	btor 1	Erick W. Burch	Case number (if known)	
	ssor's n		□ No	
	scription perty:	n of leased	☐ Yes	
	ssor's n		□ No	
	scription perty:	n of leased	☐ Yes	
	ssor's na	ame: n of leased	□ No	
	perty:	Torreaseu	☐ Yes	
	ssor's n		□ No	
	scriptioi perty:	n of leased	☐ Yes	
	ssor's n		□ No	
	scription perty:	n of leased	☐ Yes	
Pai	rt 3:	Sign Below		
		alty of perjury, I declare that I have indicate aat is subject to an unexpired lease.	d my intention about any property of my estate that secures a debt and any person	nal
X		rick W. Burch	X	
		k W. Burch ature of Debtor 1	Signature of Debtor 2	
	Date	December 30, 2016	Date	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-40766 Doc 1 Filed 12/30/16 Entered 12/30/16 12:55:39 Desc Main Document Page 49 of 53

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court Northern District of Illinois**

In re	Erick W. Burch		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COM	IPENSATION OF ATTOR	RNEY FOR DI	EBTOR(S)	
C	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. compensation paid to me within one year before the rendered on behalf of the debtor(s) in contemplation.	ne filing of the petition in bankruptcy,	or agreed to be paid	to me, for services rend	ered or to
	For legal services, I have agreed to accept		\$	1,150.00	
	Prior to the filing of this statement I have rece	eived	\$	1,150.00	
	Balance Due		\$	0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed	compensation with any other person	unless they are mem	bers and associates of m	ny law firm.
	☐ I have agreed to share the above-disclosed concopy of the agreement, together with a list of t				firm. A
5.	In return for the above-disclosed fee, I have agreed	d to render legal service for all aspects	s of the bankruptcy	ase, including:	
t c	a. Analysis of the debtor's financial situation, and b. Preparation and filing of any petition, schedule c. Representation of the debtor at the meeting of d. [Other provisions as needed]  Negotiations with secured creditor reaffirmation agreements and appli 522(f)(2)(A) for avoidance of liens of	s, statement of affairs and plan which creditors and confirmation hearing, an s to reduce to market value; exe ications as needed; preparation	may be required; ad any adjourned hea	rings thereof;	ng of
б. I	By agreement with the debtor(s), the above-disclosmost Representation of the debtors in around other adversary proceeding.			es, relief from stay a	ctions or
		CERTIFICATION			
	I certify that the foregoing is a complete statement ankruptcy proceeding.	of any agreement or arrangement for	payment to me for r	epresentation of the deb	tor(s) in
D	ecember 30, 2016	/s/ Joseph P. Doy			_
D	Pate (1997)	Joseph P. Doyle ( Signature of Attorne			
		Law Office of Jos	eph P. Doyle LLC	;	
		105 S. Roselle Ro Schaumburg, IL 6			
		847-985-1100 Fa	x: 847-985-1126		
		joe@fightbills.com Name of law firm	m		_
		ivame oj iaw jirm			

Case 16-40766 Doc 1 Filed 12/30/16 Entered 12/30/16 12:55:39 Desc Main BANKROPTEN CORPERACTO (Effective Aug. 1, 2015) SECURED DEBTS NON-DISCHARGEABLE Mortgage Arrears Tax 500 Mortgage Balance Student Loans Car Balance mED Gov't. Fines Car #2 Balance Child Support Loans **←?→** TOTAL TOTAL TOTAL SECURED'S UNSECURED'S NON-DISCH. s Chapter 7 - eliminates dischargeable unsecured debts. Certain debts may not be dischargeable. as your retainer on our total attorney's fee of \$\_ your balance of \$  $\bigcirc$  0  $\bigcirc$   $\bigcirc$  in four (4) installments of 2) Today you paid us \$ 🐇 as your retainer on our total attorney's fee of \$ more prior to your case being filed. Client agrees that \$335.00 flying fee is a separate cost and is not included in the agreed legal fee. Client agrees that the \$40.00 for the credit report (per person) is a separate cost and is not included in the agreed legal fee. Client agrees that \ TIMELY PAYMENT - Client will pay in full prior to the last payment date; 2) REFUNDS - If client decides to discontinue legal services at any time, client is only entitled to a refund or unearned fees. Firm will take about 30 days to do an accounting and issue a refund check. Firm's hourly rate is \$250 per hour for purposes of determining what refund client is entitled to in the event that client discharges Firm as client's attorney. In order to discharge Firm, client must submit a written request. 3) COLLECTIONS - Client agrees that if Firm is unable to collect its fees through the terms stated in this contract, Firm will be forced to refer your account to collections. Client is liable for all attorney's fees and costs incurred to collect the debt, including court costs, which will amount to no less than \$400.00. 4) LAW CHANGES - Firm's advice to client is subject to changes in applicable State and Federal laws. Client agrees to hold Firm harmless for damages related to changes in the law that affect client's ability to qualify for bankruptcy relief or to discharge debts within a bankruptcy case. The law may change any day and Firm is not responsible for any delay. Pay in full immediately so Firm can get client's case filed or risk that changes in laws or court decisions will change the advice we give client. 5) RESCISSIONS - Once client reaffirms a debt, client may only rescind the reaffirmation agreement by sending a written request, certified mail, return receipt requested, to Firm no less than two weeks prior to the bar date for rescissions. 6) STATE LAW PROCEEDINGS - Client has been advised by Firm that Firm will not represent client in ANY state law matter, including, but not limited to, divorce proceedings, civil lawsuits, or contempt proceedings. Client is hereby advised to appear at any and all state court proceedings, unless specifically advised otherwise in writing. 7) ADDITIONAL FEES - Client will be charged, and agrees to pay, additional fees for a) Failing to list debts by the time of filing that later have to be added to client's bankruptcy documents. The court charges \$30 to amend a petition. b) Missing court date. Client must attend a meeting of creditors approximately four weeks after client's case is filed. Firm still has to appear even if client does not, so Firm charges \$150 additional fee for any missed court date. Client agrees to call Firm three weeks after client's case has been filed to obtain the section 341 meeting date if client has not received notice of the meeting. c) Adversary objections to discharge based on fraudulent use on credit cards or other discharge issues. Firm's fee for negotiating a settlement is approximately \$300 to be paid in advance of settlement. Firm's fee for litigating a discharge issue is \$200 per hour, ten hours to be paid in advance. d) Delays - If client delays in paying the fees, returning the petition or in providing information to Firm, including appraisals, titles, bank account information. Firm reserves the right to charge additional fees which will amount to no less than \$100. e) Lien avoidance - Client agrees that the above quote fee does not include services provided to avoid judgment liens (\$250) \_, non-purchase money security interests (\$200) , or redemptions on vehicles (\$650) \_\_\_\_\_\_ to be paid prior to Firm drafting the motion. Client understands and agrees that if client does not pay the fee the firm will not bring the motion and the lien will survive the bankruptcy. f) Bounced checks - Client agrees to pay a \$25 bounced check fee for any checks not honored by client's bank. 8) FULL DISCLOSURE -Client agrees to fully disclose all financial information to Firm. Client agrees to disclose all of assets and debts and understands that it is a Federal crime to omit a creditor or other information from a bankruptcy petition. \_\_\_\_\_ DATE 12-15-16 RECORD # 6069

No part of this contract is meant to conflict with any part of the Court-Approved Retention Agreement, revised as of March 15, 2011, by the United States Bankruptcy Court for the Northern District of Illinois, and in any real or perceived conflict, the Provision of the Court-Approved Retention Agreement prevails.

### United States Bankruptcy Court Northern District of Illinois

In re	Erick W. Burch		Case No.	
		Debtor(s)	Chapter	7
	VERIFICATION OF CREDITOR MATRIX			
		Number of Creditors: 21		
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credit	ors is true and	correct to the best of my
Date:	December 30, 2016	/s/ Erick W. Burch Erick W. Burch Signature of Debtor		

Acucaretotal Health 750 Fletcher Drive Suite 304 Elgin, IL 60123-4756

Blitt and Gaines PC Attn: Bankruptcy Dept. 661 Glenn Ave Wheeling, IL 60090

Business Revenue Systems PO Box 579 Burlington, IA 52601-0579

Capital One PO Box 4199 Houston, TX 77210

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238

Centegra Hospital McHenry 527 West South Street Woodstock, IL 60098-3756

Centegra Hospital Mchenry PO Box 6204 Carol Stream, IL 60197

Certified Services Inc 1300 N Skokie Hwy Ste 10 Gurnee, IL 60031

Dartmoor Dental 1500 Carlemont Drive, Ste. C Crystal Lake, IL 60014-1833

First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104

First Step Foot Care PO Box 932 Huntley, IL 60142-6953 Gm Financial Po Box 181145 Arlington, TX 76096

Harris & Harris 111 W. Jackson Blvd. Suite 400 Chicago, IL 60604

Harris & Harris, Ltd 111 West Jackson Boulevard Chicago, IL 60604

I.R.S. P.O. Box 7346 Philadelphia, PA 19101-7346

Kohls/capital One N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Merrick Bank Corp Po Box 9201 Old Bethpage, NY 11804

OAC POB 500 Baraboo, WI 53913

Ocwen Loan Servicing L 12650 Ingenuity Dr Orlando, FL 32826

Paris Turner 18656 Renwood Euclid, OH 44119

Syncb/walmart Po Box 965024 Orlando, FL 32896